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Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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Recent Gains in Cancer Control

THERE are a number of hopeful signs in the current cancer picture. One of them is the continued decline in the mortality from cancer among women. In 1946, the age-adjusted death rate from this disease dropped to a new low among white females insured in the Industrial Department of the Metropolitan Life Insurance Company—namely, to 78.9 per 100,000 at ages 1 to 74 years. A little more than a decade ago the rate was at the level of 90 per 100,000. Even among white male policyholders the mortality from cancer has shown a slight downward tendency; in the most recent five-year period, 1942 to 1946, the age-adjusted death rate for this group averaged 85.0 per 100,000 as compared with 86.8 in the quinquennium immediately preceding, a decline of 2 percent. These figures understate to some extent the amount of improvement, inasmuch as better methods of diagnosis in recent years have led to the discovery of an increasing number of cases, and hence to the more frequent certification of cancer as a cause of death.

The gains in the control of cancer are likewise reflected in the trend of mortality at the various age periods. The chart on the following page shows graphically the percent change in the cancer death rate, according to age, among white men and white women policyholders in the past decade, that is, between 1932-1936 and 1942-1946. Among the women, a decline in mortality was registered at every one of the five age periods between 25 and 74 years. The least improvement—2.5 percent—was recorded at ages 35 to 44. In the next 30 years of life, from ages 45 to 74, the decrease averaged about 11 percent. The largest improvement in the decade under review—14 percent—was registered among the younger women, those between 25 and 34 years of age. The age picture for insured white men, while not as favorable as that for women, is nevertheless encouraging, particularly since the recorded death rate from the disease among men had been distinctly upward some years ago. In the past decade the cancer death rate among white men has declined moderately at every age period except 45 to 54 years, where there has been a slight increase.

Of special interest in appraising the current cancer situation, is an

PERCENT *DECLINE* IN CANCER DEATH RATES FROM 1932-1936 TO 1942-1946
Metropolitan Life Insurance Company, Weekly Premium-Paying Industrial Business

analysis of the recent trend of the cancer death rate according to the primary location of the malignant growth and according to the accessibility of the site. The figures for this insurance experience appear in the table on page 3.* Substantial declines are observed in the mortality from cancers of accessible sites between 1941-1945 and 1936-1940; for all such sites combined the decrease in death rate amounted to 15.0 percent among white males and 9.8 percent among white females. Each of the important accessible sites recorded a decrease in mortality; none showed an increase. For such important sites among females as the breast and the uterus, the declines were 3.9 percent and 12.8 percent, respectively. Among white male policyholders, the mortality from cancers of the buccal cavity and of the skin declined 20 percent or more. Even most of the inaccessible cancers have tended to decline in mortality, as may be seen in the lower tier of the table. Only cancers of the respiratory system and cancers classified in a residual group "others and unknown," have shown a marked increase in their recorded death rate. These increases are to some extent, at least, spurious, and

*The reader will note that the calendar periods compared in the table—1941-1945 and 1936-1940—are not the same as those used in the chart. One reason is that the data by site are not yet available for the year 1946. Also, it was considered desirable to compare the latest five-year period for which complete data are available with the five-year period immediately preceding, in order to eliminate as far as possible the effect of the increasing accuracy of reporting on the death certificate of the primary seat of the cancer.

arise out of improved diagnosis and more accurate reporting.

The recent trend of cancer mortality has its encouraging aspects, but it would be to misread the facts to conclude that anything beyond a mere beginning has been made in the control of the disease. Major advances are still awaited. Marked progress in reducing the cancer death toll can undoubtedly be achieved through a widespread educational program, urging people to seek medical advice as early in the course of the disease as possible. As a complement to this program, it will be

CANCER MORTALITY ACCORDING TO ACCESSIBILITY OF ORGANS OR PARTS AFFECTED. WHITE MALES AND WHITE FEMALES. AGES 1 TO 74 YEARS. METROPOLITAN LIFE INSURANCE COMPANY, WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS, 1941–1945 AND 1936–1940

ORGAN OR PART AFFECTED	AVERAGE OF DEATH RATES* PER 100,000				PERCENT CHANGE 1941-1945 SINCE 1936-1940	
	WHITE MALES		WHITE FEMALES			
	1941-1945	1936-1940	1941-1945	1936-1940	WHITE MALES	WHITE FEMALES
Cancer—All Forms	84.7	86.8	81.8	86.8	— 2.4	— 5.8
All Accessible Sites	10.2	12.0	33.9	37.6	—15.0	— 9.8
Breast (female)	....	....	14.7	15.3	....	— 3.9
Uterus	....	....	16.3	18.7	....	—12.8
Vulva and vagina	....	....	.6	.6	....	¶
Buccal cavity and tonsil	3.7	4.7	.6	.6	—21.3	¶
Larynx	2.3	2.3	.2	.2	¶	¶
Skin	1.2	1.5	.7	.9	—20.0	—22.2
Genitalia, male, excluding prostate	1.0	1.1	....	....	— 9.1	....
Others (neck, back, arm, leg, etc.)	2.0	2.4	.8	1.3	—16.7	—38.5
All Inaccessible Sites	74.5	74.8	47.9	49.2	— .4	— 2.6
Stomach	15.6	18.6	8.3	10.7	—16.1	—22.4
Intestines and duodenum	9.4	9.6	10.1	10.2	— 2.1	— 1.0
Rectum and anus	6.3	6.7	4.0	4.3	— 6.0	— 7.0
Liver and biliary passages	4.3	4.6	5.2	5.8	— 6.5	—10.3
Esophagus	3.6	4.1	.7	.7	—12.2	¶
Pancreas	3.4	3.3	2.5	2.5	+ 3.0	¶
Other digestive organs and peritoneum	.8	.8	.7	.8	¶	—12.5
Ovary and other genital organs	....	....	4.5	4.2	....	+ 7.1
Prostate	5.8	6.3	....	....	— 7.9	....
Lung, pleura, and mediastinum	7.5	6.0	2.2	1.9	+25.0	+15.8
Bronchus and other respiratory	3.1	1.9	.4	.4	+63.2	¶
Pharynx	1.6	1.5	.2	.2	+ 6.7	¶
Bladder	3.8	4.3	1.5	1.7	—11.6	—11.8
Kidney and other urinary	1.8	1.8	1.1	1.1	¶	¶
Others and unknown†	7.5	5.3	6.5	4.7	+41.5	+38.3

*Standardized for age on the basis of the Standard Million Population of England and Wales, 1901.
†Includes brain, bones, abdomen, spleen, pelvic viscera, etc., and unspecified.
¶No change.

necessary to build and to equip additional cancer detection clinics, hospitals, and centers to care for the greatly increased number of patients seeking diagnosis and treatment. It will likewise be necessary to intensify the present cancer research program. These several points of attack on the cancer problem can be made effective only through the wholehearted cooperation and support of the American people.

Low Mortality Among Wounded in World War II

THANKS to the advances in military medicine, many thousands of America's armed forces wounded in combat in World War II are alive today who would not have survived under the conditions prevailing in earlier wars. The difference between fatality rates of World Wars I and II meant the saving of upwards of 30,000 lives of our men in the armed forces between Pearl Harbor and V-J Day. Of the nearly 700,000 wounded, the death toll was a little more than 29,000. About 600,000 were returned to duty after treatment. The prime factors in these life-saving gains were improved medical organization in the combat zone, rapid transportation and evacuation of the wounded, and the development and widespread use of new drugs and new medical and surgical techniques. Worthy of special mention are penicillin, the sulfa drugs, new anesthetics, and the use of blood plasma.

The Surgeon General of the Army reports that in the recent war, the mortality rate among the wounded was 4.4 percent, the lowest in the history of any army in the world. The great advances in military medicine are highlighted by the fact that nearly twice the number in our Army who actually succumbed would have died in World War II if the World War I case fatality rate of 8.3 percent from battle wounds, excluding gas casualties, had prevailed. This would have made a total of about 50,000 instead of the actual 26,600 deaths among the Army wounded. In the Civil War more than 14 percent of the wounded among the Union forces succumbed, somewhat over three times the ratio for World War II. For the Navy and Marines, the contrast is even sharper, with the fatality rate among the wounded reduced to slightly under 3 percent in World War II as compared with 12 percent in the earlier conflict.

These gains in saving the wounded are all the more notable because the proportion of severely wounded was higher in World War II than in earlier wars. The more serious damage was the result of the great destructive power of modern methods of warfare, such as the use of large numbers of planes, tanks, and other mechanized equipment, and the highly efficient and powerful modern weapons and explosives.

Data concerning specific sites of injuries are not complete for World War II. There exists, however, an

excellent study for the Army,* from D-Day to V-E Day. In the European Theater of Operation there were 372,000 battle casualties with a fatality rate of 3.9 percent, which was somewhat lower than the rate for the Army as a whole. More than 40 percent of all wounds in casualties reaching medical units alive in the European Theater were in the lower extremities, owing to the numerous land mines and booby traps used by the Germans. More than one fourth had wounds of the upper extremities, about one ninth chest wounds, one eighth head and neck wounds, and one twentieth abdominal wounds. An increased proportion of wounds of the thorax and abdomen was recorded in World War II as compared with World War I. This increase was due in part to a higher survival rate in the field for such cases in World War II, because of better care on the battlefield and because of quicker evacuation of the wounded.

The great improvement in saving the lives of our wounded is made clearer by comparing fatality rates for specific sites in the recent war with those for earlier conflicts. In World War I only about 3 to 4 out of every 10 recovered from abdominal wounds, while in World War II, 7 to 8 out of 10 survived. In World War I the mortality rate for chest wounds in the aggregate was 24 percent and for penetrating chest wounds 48 percent. In comparison, in World War II preliminary data on more than 20,000 cases show a remarkable improvement, with 8 percent fatality for all chest wounds and a figure of less than 15 percent for penetrating wounds. These are the lowest mortality rates for chest wounds recorded in the history of modern warfare.

Even men with spinal wounds frequently survived, thanks to the progress made in World War II; and the military and veterans' hospitals are engaged in programs of rehabilitation to enable these men to become self-reliant and to attain a reasonable degree of physical activity. In World War I an overwhelming majority of those thus wounded succumbed to their injuries, and the outlook for rehabilitation of those who survived was extremely poor.

The great success of the services during World War II in treating battle casualties, is seen also in the high proportion restored to combat duty. In the European Theater of Operations the proportion reached the high total of nearly 80 percent. It is notable that this proportion was greater than that for disabilities caused by disease, nonbattle injury, or neuropsychiatric disorders.

The devotion to duty and the personal bravery of physicians, nurses, and medical corpsmen in combat areas were vital factors in the achievement of these excellent results with the wounded in World War II. The lives of our wounded were not purchased without great sacrifice of those in the medical

*Cutler, E. C., "Military Surgery—U. S. Army—European Theater of Operations, 1944-1945." *Surgery, Gynecology and Obstetrics*, March 1946, page 261.

services. Combat losses in the medical branch of the services were high. Well over 4,000 among medical department personnel were killed in action or died of wounds, and more than 15,000 were wounded in the Army alone. The achievements of military medicine in World War II stand as a tribute to the civilian doctors of our country. In the European Theater of Operations, more than 97 percent of the Medical Corps officers in service were doctors that had been only recently commissioned from civilian practice.

It is a source of satisfaction that the knowledge and the experience gained in the treatment of diseases and wounds during the war are finding their application in peacetime, and that they will stimulate further progress as the years go by.

Danger in the Kitchen

THE kitchen is the most dangerous room in the house. Each year several thousand Americans suffer fatal accidental injuries there; in addition, a very considerable number of lives are lost annually in other areas of the home as a result of accidents, such as gas poisoning or conflagration, which have their origin in the kitchen. It is estimated from studies of home accidents among Metropolitan Industrial policyholders and among other groups, that in the neighborhood of 6,000 men, women, and children are killed each year in the United States from mishaps originating in the kitchen. Many times that number each year are more or less seriously injured, though not fatally.

It is not difficult to see the reasons why the kitchen is responsible for a larger toll of life, through accidents, than any other room in the house. The kitchen, as a rule, is the center of domestic activity, and the housewife and other members of the family concerned with running the household spend a good part of the day there. Even more important is the fact that the activities usually carried on in the kitchen —cooking, baking, washing, ironing —expose the family to a wide variety of hazards, such as burns and scalds, gas poisoning, cutting, contact with electric current, and falls. In no other room is there such concentration of hazards, and in no other room is there as much chance during the waking hours for both adults and children to become involved in a fatal accident.

Burns and scalds are the most frequent type of fatal accident in the kitchen. These injuries, it is estimated, take the lives of more than 2,000 people a year in our country, or roughly one third of all the lives lost in kitchen mishaps. This figure is exclusive of several hundred persons a year who perish in homes that are either partially or totally destroyed by conflagrations which start in the kitchen. Many more women than men are fatally burned in the kitchen. The reasons for this sex difference are rather obvious.

Not only does the woman spend a large proportion of her time in the kitchen and around the stove, but also her clothing is a much greater fire hazard than the man's, being looser-fitting and frequently of highly flammable material.

Scalds suffered in the kitchen account for a relatively large number of deaths annually among young children. In many of these instances the child, while playing about the kitchen, falls into a pail or some other container of scalding fluid that is left standing on the floor. A number of youngsters each year are fatally scalded when they bring down upon themselves a pot of tea, a plate of soup, or some other hot substance being served on the table. Others are scalded by pulling down from the stove hot fluids in a pot or pan with its handle protruding.

In many homes where oil-burning stoves are used, members of the family apparently are unaware or pay little attention to the dangers involved in their operation. This is borne out by the fact that a comparatively large number of persons are fatally injured each year by the explosion of a kitchen oil stove, sometimes just as the victim was in the act of lighting it. Too frequently, explosions and fires result when kerosene or gasoline is used to light a fire or to hurry it along in a coal stove. Many other accidents also result from the use of flammable substances for dry cleaning, for polishing stoves, and for waxing floors.

Falls rank second to burns and scalds as a cause of fatal injuries in the kitchen, and are responsible for around 1,500 such deaths a year. Older persons are the most frequent victims. A surprisingly large proportion of the fatal falls occur when the victim is merely walking about the room. Among the hazards contributing to these falls are wet or waxed floors, worn linoleum or other floor coverings, unanchored small rugs, and pails or other objects left around on the floor. The toll in the kitchen each year is augmented by falls from tables, ladders, windows, chairs, high chairs, etc.

Gas poisoning is another relatively frequent cause of accidental death in the kitchen. A good number of the victims, more particularly men, are killed in this way because they doze off while heating coffee, tea, or other fluids on gas stoves. While they are napping, the fluid on the stove boils over and puts out the flame. Gas poisoning in many cases occurs when the victim turns on the gas but fails to light it, either from forgetfulness or while going to another area of the house to get a match. In other instances the trouble arises from a defective pilot light, which is out or is not functioning. Other conditions reported as contributing to accidents involving gas in the kitchen are: jets turned on by persons brushing against them, burning gas with an excessively high flame in a poorly ventilated room, improperly installed heaters, and gas appliances in poor repair.

Roach powders, rat poisons, and other poisonous compounds carelessly kept in the kitchen not infre-

quently cause fatalities when mistakenly used for flour, baking powder, or other food products. Whole families have died as a result of this hazard. Cutting and piercing instruments, the tops of cans, and other objects with sharp edges figure prominently in the toll of nonfatal accidents each year.

The modern kitchen is a combination factory, bakery, cannery, laundry, butcher shop, restaurant, and general household workshop, not to mention playground. In industry, where similar hazards exist, State officials and trained employees look after accident problems and help to control them. But in the home this job is a family responsibility—and usually falls on the shoulders of the woman of the house. She should know where the chief dangers lie.

Americans Marry Young

THE chances of marrying at an early age are much greater in the United States than in any other country of the Western world. This fact is clearly evident from the table on page 9, which shows for 15 countries in addition to our own, the percent of the population ever married, by age and sex, according to the latest census in each country.

Among our girls 15 to 19 years of age, 12 percent, or practically one in every eight, were already married at the time of the 1940 Census. In the two countries which most closely approach the American experience—France and Canada—the proportion married at these ages was 6 percent. In Italy, Belgium, Portugal, and Australia, the figure was 4 percent, and in England and Wales, Scotland, Sweden, and the Netherlands, it was 2 percent. Of the countries here under discussion, the poorest prospects for early marriage, existed in prewar Germany, the Irish Free State and Norway, in which countries only 1 percent of the girls at 15 to 19 were married when the last population count was made in the respective countries.

Women in the United States not only have excellent chances for early marriage but they also have the brightest prospects for eventual marriage. At the last census, 91 percent of our women at ages 45 and over were married or had been married. Only slightly less were the chances of eventual marriage for women in France and Canada, both of which also ranked high with respect to early marriage, and for women in Germany, which country, however, was among the lowest on the list with respect to early marriage, indicating that German women tended to marry late. The chances of eventual marriage were lowest in the Irish Free State, Scotland, and Sweden, where the proportion of women ever married was under 80 percent at the older ages, according to the last census in those countries.

Men as well as women are more likely to marry at an early age in the United States than in any other of

PERCENT OF POPULATION WHO HAD EVER MARRIED, BY SEX AND AGE PERIODS, IN SPECIFIED COUNTRIES ACCORDING TO THE LATEST CENSUS

Age Period Years	COUNTRY															
	United States	Canada	England and Wales	Scotland	Irish Free State	Sweden	Norway	Denmark	Netherlands	Germany†	Belgium	France	Italy	Portugal	Australia	New Zealand
MALES																
15–19	2	*	*	*	*	*	*	1	*	*	1	1	*	*	*	*‡
20–24	28	16	14	12	3	8	7	16	10	5	20	21	9	15	13	10
25–29	64	50	53	44	17	41	35	55	51	45	62	64	46	53	44	44
30–34	79	71	78	69	36	65	64	77	79	75	82	80	73	73	67	70
35–39	85	79	86	80	50	75	77	85	87	86	88	87	85	81	79	80
40–44	87	83	89	83	60	80	82	89	89	92	89	90	89	85	84	85
45–49	89	86	89	83	66	83	85	91	89	94	89	91	90	88	85	86
50–54	89	87	89	84	67	85	87	91	89	94	89	92	91	89	85	87
55–59	89	87	90	85	69	85	89	92	90	94	89	92	91	90	85	87
60–64	89	87	90	85	70	86	89	92	90	94	89	92	92	90	83	86
FEMALES																
15–19	12	6	2	2	1	2	1	3	2	1	4	6	4	4	4	3‡
20–24	53	39	26	23	12	28	19	40	25	23	41	49	31	31	31	28
25–29	77	67	59	50	36	61	48	72	62	64	73	77	62	60	62	62
30–34	85	79	75	68	56	73	67	81	78	80	83	84	76	72	77	77
35–39	89	84	79	74	65	75	73	83	83	83	85	86	81	78	83	83
40–44	90	87	82	77	71	77	76	84	84	85	86	87	84	80	85	85
45–49	91	89	83	78	74	78	77	85	85	86	87	88	86	82	86	86
50–54	91	90	84	79	74	78	79	85	85	88	87	89	88	82	86	87
55–59	91	90	84	79	75	78	80	85	86	89	87	89	88	83	85	86
60–64	91	90	84	79	76	79	80	85	86	90	86	89	89	84	85	85

Sources: Statistical Year Books of the several countries; Special memorandum from the U. S. Bureau of the Census; Institut International de Statistique, "Aperçu de la démographie des divers pays du monde," 1929-1936.

*Less than 0.5 percent. †Includes Austria and Sudetenland. ‡Ages 16–19.

the countries under discussion. Marriage of men under 20 is rare in any country, but somewhat less so in ours. As is evident from the table, about 2 percent of our young men in the age group 15 to 19 years were married at the time of the 1940 Census; in most other countries the proportion was less than ½ of 1 percent. At ages 20 to 24 years, 28 percent of the men in the United States were married, as compared with 21 percent in France, the figure nearest ours. At the other extreme, only 3 percent in the Irish Free State were married. However, with respect to the chances of ultimate marriage for men, a few other countries, especially Denmark, prewar Germany, France, and Italy have made somewhat better records than we have.

Our favorable position with respect to the chances of marriage, and more especially early marriage, reflects the advantageous economic situation in our country. Young people have good opportunities for employment at relatively high wages, which make it possible for them to marry young. Then, too, our traditions and social attitudes favor undertaking of family life relatively early. Boys and girls probably have more social life and mix more freely here than in most other countries, with the result that they have greater opportunities to meet marital partners.

Recent Publications of the Statistical Bureau

THE following studies by the Statistical Bureau of the Metropolitan Life Insurance Company have been published recently, and reprints of them will be sent upon request.

1. What Ails Our Voluntary Health Agencies.
2. Let's Wipe Out Tuberculosis. *Colliers*, December 29, 1945.
3. Age and Sex Variations in the Prevalence and Onset of Diabetes Mellitus. *American Journal of Public Health*, January 1946.
4. The Challenge to the Voluntary Health Agencies. *American Journal of Public Health*, January 1946.
5. Cancer Facts. (Charts)
6. Notes on Public Health Nursing in Relation to Illness. *Public Health Nursing*, May 1946.
7. The Trend of Tuberculosis Association Programs. *American Journal of Public Health*, October 1946.
8. Studies in Heart Disease. (Charts)
9. Statistics of Diabetes. *New England Journal of Medicine*, August 29, 1946.
10. Health Problems of an Aging Population. Setting the Stage. *American Journal of Public Health*, February 1947.
11. Recent Statistics on Diabetes and Diabetics. *Medical Clinics of North America*, March 1947.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for January 1947 and January 1946, together with the death rates for the years 1946, 1945, and 1944.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	January 1947	January 1946	Year		
			1946	1945	1944
ALL CAUSES—TOTAL	785.0	923.0	745.7	825.5	822.9
—Excluding war deaths	*783.9*	*893.7*	*733.4*	*737.9*	*754.6*
Typhoid fever	0.4	0.2	0.2	0.3	0.2
Measles	.2	.1	.6	.2	.7
Scarlet fever	.1	.2	.1	.3	.4
Whooping cough	.6	1.2	.6	.9	.6
Diphtheria	.8	1.2	.6	.9	.6
Influenza	3.3	15.6	4.3	3.4	8.3
Pneumonia (all forms)	31.7	49.3	25.9	26.8	33.1
Tuberculosis (all forms)	32.4	40.4	37.2	37.0	39.4
Tuberculosis of respiratory system	29.8	37.6	33.8	33.4	35.7
Syphilis	8.1	9.1	8.0	7.2	9.5
Acute poliomyelitis	.7	.3	1.4	.9	1.2
Cancer (all forms)	113.5	111.8	115.4	112.6	108.9
Diabetes mellitus	27.4	35.6	26.1	25.6	27.8
Cerebral hemorrhage	71.3	78.8	66.9	66.2	65.1
Diseases of the coronary arteries and angina pectoris	82.9	78.4	70.7	67.2	62.9
Other chronic heart diseases†	177.1	209.4	159.5	163.2	162.8
Diarrhea and enteritis	2.1	1.7	2.5	3.6	4.7
Appendicitis	2.8	4.7	3.4	5.0	5.4
Chronic nephritis	42.1	51.0	41.6	38.4	46.1
Puerperal state—total	3.5	3.5	3.2	3.5	4.1
Suicides	5.5	7.4	7.3	6.4	6.3
Homicides	3.0	3.7	4.1	3.4	3.2
Accidents—total	48.4	55.8	48.4	55.4	53.0
Home accidents	11.6	13.3	10.5	10.3	10.9
Occupational accidents	4.2	3.5	4.9	5.2	5.9
Motor vehicle accidents	16.7	15.5	16.4	15.0	14.0
War deaths (enemy action)	1.1	29.3	12.3	87.6	68.3
All other causes of death	125.9	134.2	105.1	109.6	110.2

*The rates for 1947 and 1946 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

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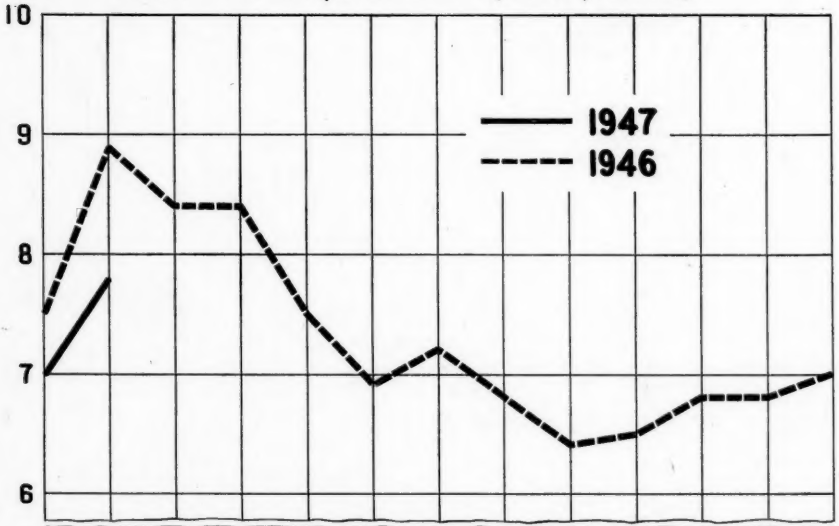
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 · ANNUAL BASIS (*1946 and 1947 figures are provisional*)



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1946	8.9	8.4	8.4	7.5	6.9	7.2	6.8	6.4	6.5	6.8	6.8	7.0
1947	7.8											

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